As a below named inventor, I hereby declare:

That my residence, post office address and citizenship are as stated below next to my name.

That I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR ABATEMENT OF VOC IN EXHAUST GASES BY WET PULSE CORONA DISCHARGE

tne sp	pecification of which (che	eck one)				
()	is attached hereto.					
(X)	was filed on March		S			
	Application Serial No.	PCT/US03/09089				
	and	l				
	was filed onApril 1;					
	Application Serial No.					
		(if applicable)				
amen	That I have reviewed an dment referred to above.	d understand the contents of	f the above-identifi	ed specification, including	the claims, a	s amended by any
	37, Code of Federal Regularity That I hereby claim fore	ign priority benefits under 1	Γitle 35, United Sta	tes Code, § 119 of any forei	gn applicatio	on(s) for patent or
inven inven	tor's certificate listed bel tion having a filing date l	ow and have also identified before that of the application	d below any foreig n on which priority	n application for patent or is claimed:	inventor's c	ertificate on this
Prior	· Foreign Application(s)	1			Priori	ty Claimed
	- (-)				()	()
					Yes	No
(Num	iber)	(Country)	(Da	y/Month/Year Filed)		
•	,			•	()	()
					Yes	No
(Num	iber)	(Country)	(Da	y/Month/Year Filed)		
					()	()
					Yes	No
(Num	iber)	(Country)	(Da	y/Month/Year Filed)		
the m	vand, insofar as the subject nanner provided by the fination as defined in Title	benefit under Title 35, Unite of matter of each of the clain first paragraph of Title 35, le 37, Code of Federal Re PCT international filing da	ns of this application United States Coordinates gulations, §1.56(a	n is not disclosed in the price de, §112, I acknowledge to which occurred between	or United Sta he duty to o	ites application in disclose material
Unite	ed States Application(s)					
6	0/367,231	25 March	2002			
(Appl	lication Serial No.)	(Filing Date))	(Status)-(Patented, pe	nding, aban	doned)
(Appl	lication Serial No.)	(Filing Date))	(Status)-(Patented, pe	nding, aban	doned)
(Appl	lication Serial No.)	(Filing Date))	(Status)-(Patented, pe	nding, aban	doned)

That all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

I hereby appoint the following attorneys and agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith and request that all correspondence and telephone calls in respect to this application be directed to GREER, BURNS & CRAIN, LTD., 300 South Wacker Drive, Suite 2500, Chicago, Illinois 60606, Telephone No. (312) 360-0080:

Practitioners associated with the Customer Number: 24978

I hereby grant the above-named attorneys the right to insert the application Serial Number in the appropriate place on this document, once such number has been assigned from the United States Patent and Trademark Office.

Customer No. 24978

00	Full name of sole or one joint inventor:	Alexander Gutsol	
	Inventor's signature:	Man	_
	Date:	07/12/2005	
	Residence and Post Office Address:	203 Yorktown Court	
		Malvern, PA 19355 PA	- AC
	Citizenship:	US Russia	
	Address for Correspondence:	GREER, BURNS & CRAIN, LTD. 300 South Wacker Drive, Suite 2500 Chicago, Illinois 60606 (312) 360-0080	

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Full name of additional	Alexander Fridman
joint inventor, if any:	100
Inventor's signature:	Hypig
Date:	0/2/12/2005
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Citizenship:	USA
Full name of additional joint inventor, if any:	
Inventor's signature:	
Date:	
Residence and Post Office Address:	
Citizenship:	
Full name of additional joint inventor, if any:	
Inventor's signature:	
Date:	
Residence and Post Office Address:	
Citizenship:	
Address for Correspondence:	GREER, BURNS & CRAIN, LTD.

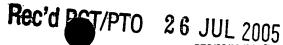
300 South Wacker Drive, Suite 2500

Chicago, Illinois 60606 (312) 360-0080 Customer No. 24978

Full name of additional	Lawrence Kennedy				
joint inventor, if any:	I M/ 1				
Inventor's signature:	Jawrene / Henricy				
Date:	July 11, 2005				
Residence and Post Office Address:	24306 Turnberry Ct.				
	Naperville, IL 60564 IL				
Citizenship:	US				
Full name of additional					
joint inventor, if any:					
Inventor's signature:					
Date:					
Residence and Post Office Address:					
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Citizanskin					
Citizenship:					
Full name of additional					
joint inventor, if any:					
Inventor's signature:					
Date:					
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Customer No. 24978

0	Full name of additional	Alexei V. Saveliev
400	joint inventor, if any:	11/1
	Inventor's signature:	Mille
	Date:	07/06/2005
	Residence and Post Office Address:	61 West 15th Street, #211
		Chicago, IL 60605 IL
	Citizenship:	Belarus
	Full name of additional joint inventor, if any:	
	Inventor's signature:	
	Date:	
	Residence and Post Office Address:	
	Citizenship:	
		·
	Full name of additional joint inventor, if any:	
	Inventor's signature:	
	Date:	
	Residence and Post Office Address:	
	Citizenship:	
	Address for Correspondence:	GREER, BURNS & CRAIN, LTD. 300 South Wacker Drive, Suite 2500 Chicago, Illinois 60606 (312) 360-0080 Customer No. 24978



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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND Application Number 10/531,129

Filing Date April 13, 2005

First Named Inventor Alexander Gutsol

Art Unit Examiner Name

Attorney Docket Number 4264,73438

AND
CHANGE OF CORRESPONDENCE ADDRESS

I hereby revoke all previous powers of attorney given in the above-identified application.						
A Power of Attorney is submitted herewith.						
OR ✓ I hereby appoint the practitioners associated with the Customer Number:						
Please change the correspondence address for the above-identified application to: The address associated with Customer Number: OR						
Firm or Individual Name						
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I am the: Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
ignature (1/1/14g						
ame Alexander Fridman						
ate 07/12/2005 Telephone 215-895-1542						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
*Total offorms are submitted.						



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Application Number	10/531,129
Filing Date	April 13, 2005
First Named Inventor	Alexander Gutsol
Art Unit	
Examiner Name	
Attorney Docket Number	4264.73438

I hereby revoke all previous powers of attorney given in the above-identified application.							
A Power of	Attorney is submitted	herewith.					
OR ✓ I hereby appoint the practitioners associated with the Customer Number: 24978							
 ✓ Please change the correspondence address for the above-identified application to: ✓ The address associated with Customer Number: 							
Firm or	OR Firm or						
Address	Address Individual Name						
City			State	1		Zip	
Country							
Telephone				Email			
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.							
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
Signature	SIGNA	TURE of Applicant of	or As	signee	of Record		
-/	1 graa						
Prieze	arder Gutsol		T 2	elephon	a 2/5	- 205	-1485
	77/12/2005	ecord of the entire interest or					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
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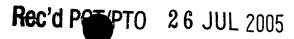
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Application Number	10/531,129	
Filing Date	April 13, 2005	-
First Named Inventor	Alexander Gutsol	
Art Unit		-
Examiner Name		
Attorney Docket Number	4264.73438	

I hereby revoke all previous powers of attorney given in the above-identified application.								
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OR ✓ I hereby								
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I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Signature	M	llen						
Name A	Nexei Savelie	ev						
Date	07/6	05/2205		T€	elephone	312-413-3629		
NOTE: Signatures of signature is required		tors or assignees of record	of the entire interest of	r their rep	resentative(s)	are required. Submi	t multiple	forms if more than one
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Application Number	10/531,129
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First Named Inventor	Alexander Gutsol
Art Unit	
Examiner Name	
Attorney Docket Number	4264.73438

I hereby revoke all previous powers of attorney given in the above-identified application.						
☐ A Power of Attorney is submitted herewith.						
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	Thereby appoint the practitioners associated with the dustomer Number.					
The address associated with Customer Number:	Customer Number: 24978					
Firm or						
Address						
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Country						
Telephone	Email					
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.						
Statement under 37 CFR 3.73(b) is enclosed. (F	Form PTO/SB/96)					
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Name Lawrence Kennedy						
Date \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Telephone 614-276-7743					
NOTE: Signatures of all the inventors or assignees of record of the entire intere signature is required, see below.	rest or their representative(s) are required. Submit multiple forms if more than one					
*Total offorms are submitted.						